

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047253

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 378

FILED JAN 7 1964

1. PLACE OF DEATH

a. COUNTY

Callaway

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Callaway

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Fulton

Length of stay in 1b
23 Yrs

c. CITY
OR TOWN Fulton

Inside Limits
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION D.O.A. Callaway Hosp

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
317 Short St.

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First Fred

Middle Joseph

Last Heck

4. DATE OF DEATH

Month Dec. 28

Day 1963

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/14/1915

9. AGE (last birthday)

48

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shoe Factory

10b. KIND OF BUSINESS OR INDUSTRY

same

New

11. BIRTHPLACE (City and state or country)

Baden Illinois

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Lambert Heck

13b. MOTHER'S MAIDEN NAME

Anna Wessells

14. NAME OF HUSBAND OR WIFE

Katherine

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war & dates of service)

W.W. #2

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Fred J. Heck Fulton, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Death due to natural causes, probably
coronary occlusion

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

s.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Approx 12:30 P.M.

to

and last saw her alive on

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W.A. Dawson (Degree or title)

W.A. Dawson Deputy Coroner

22b. ADDRESS

Court House Fulton Mo

22c. DATE SIGNED

Dec. 30

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Dec. 30, 1963

23c. NAME OF CEMETERY OR CREMATORY

Hillcrest Cemetery

23d. LOCATION (City, town, or county)

Fulton

Mo

24. FUNERAL DIRECTOR

ADDRESS

Browning Funeral Home Fulton Mo

25. DATE RECD. BY LOCAL REG.

Dec 30-1963

26. REGISTRAR'S SIGNATURE

Martha Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

JAN 8 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Kenneth L. Martin, Student Embalmer No. 712
working under my personal supervision.

Student Kenneth L. Martin
Signature of Student Embalmer

Signed Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.